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BIBDATASHEET**CONFIRMATION NO. 8981**

Bib Data Sheet

SERIAL NUMBER 10/779,447	FILING DATE 02/12/2004 RULE	CLASS 293	GROUP ART UNIT 3612	ATTORNEY DOCKET NO. 93214.038
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APPLICANTS

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** CONTINUING DATA *****
GA 1/2/05 *None*

** FOREIGN APPLICATIONS *****
GA 1/2/05 *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials		

ADDRESS
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TITLE
 Gated rear entry for wheelchair

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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